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PTO/SR/30 (10-01)

Approved for use through 10/31/2002. OMB 0651-0031  
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<b>REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL</b> Address to: Commissioner for Patents Box RCE Washington, DC 20231	Application Number	10/708,659
	Filing Date	March 21, 2004
	First Named Inventor	COLLARD ET AL 1
	Art Unit	3714
	Examiner Name	Suhol, D
	Attorney Docket Number	COLLARD ET AL 1

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

- [Submission required under 37 CFR 1.114]**
  - ☐ Previously submitted
    - ☐ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on \_\_\_\_\_  
(Any unentered amendment(s) referred to above will be entered).
    - ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
    - ☐ Other \_\_\_\_\_
  - ☐ Enclosed
    - ☒ Amendment/Reply
    - ☐ Affidavit(s)/Declaration(s)
    - ☐ Information Disclosure Statement (IDS)
    - ☒ Other Petition under Rule 136(a) and Rule 17(a)(1)
- [Miscellaneous]**
  - ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(f) required)
  - ☐ Other \_\_\_\_\_
- [Fees]** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
  - ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 03-2468
    - ☒ RCE fee required under 37 CFR 1.17(e)
    - ☒ Extension of time fee (37 CFR 1.136 and 1.17)
    - ☐ Other \_\_\_\_\_
  - ☐ Check in the amount of \$ 750.00/375.00 enclosed
  - ☐ Payment by credit card (Form PTO-2038 enclosed)

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</b>			
Name (Print/Type)	William Collard	Registration No. (Attorney/Agent)	38,411
Signature	<i>William Collard</i>	Date	June 10, 2005

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this paper or fax is being FAXED TO Examiner Suhol, D at (703) 872-9304 on June 10, 2005.

*William Collard*  
William Collard

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